Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
EASTERN DISTRICT OF NEW YORK	_	
Case number (if known)	_ Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	☐ Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
yo pi ex lic	Write the name that is on your government-issued picture identification (for	Adalaide First name	First name
	example, your driver's license or passport).	Middle name	Middle name
	Bring your picture identification to your meeting with the trustee.	Thomas Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years		
	Include your married or maiden names.		
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-8945	

Det	otor 1 Adalaide Thomas		Case number (if known)		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):		
4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years		■ I have not used any business name or EINs.	☐ I have not used any business name or EINs.		
	Include trade names and doing business as names	Business name(s)	Business name(s)		
		EINs	EINs		
5.	Where you live	39 Claurome Place	If Debtor 2 lives at a different address:		
		Freeport, NY 11520 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code		
		Nassau			
		County	County		
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.		
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code		
6.	Why you are choosing this district to file for	Check one:	Check one:		
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.		
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)		

Deb	otor 1 Adalaide Thomas					Case number (if known)	
Par	t 2: Tell the Court About Y	our Bank	cruptcy Ca	ase			
7.	The chapter of the Bankruptcy Code you are				ch, see <i>Notice Required by</i> and check the appropriate	11 U.S.C. § 342(b) for Individuals Filing for Banke box.	kruptcy
	choosing to file under	■ Chap	ter 7				
		☐ Chap	ter 11				
		☐ Chap	ter 12				
		☐ Chap	oter 13				
8.	How you will pay the fee	ab	out how yo	ou may pay. Typically attorney is submitting	, if you are paying the fee yo	ck with the clerk's office in your local court for mo ourself, you may pay with cash, cashier's check, alf, your attorney may pay with a credit card or c	or money
		□ In	eed to pa	y the fee in installme ee in Installments (Off	ents. If you choose this opti	on, sign and attach the Application for Individuals	s to Pay
		n only if you are filing for Chapter 7. By law, a ju	dao may				
		bu ⁻	t is not rec plies to yo	quired to, waive your f ur family size and you	ee, and may do so only if your are unable to pay the fee i	our income is less than 150% of the official pover in installments). If you choose this option, you mucial Form 103B) and file it with your petition.	rty line that
9.	Have you filed for	■ No.					
	bankruptcy within the last 8 years?	☐ Yes.					
		ப 103.	District		When	Case number	
			District		When	Case number	
			District		When	Case number	
10.	Are any bankruptcy	■ No					
	cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.					
			Debtor			Relationship to you	
			District		When	Case number, if known	
			Debtor			Relationship to you	
			District		When	Case number, if known	
11.	Do you rent your	■ No.	Go to	line 12.			
	residence?	☐ Yes.	Has yo	our landlord obtained	an eviction judgment agains	st you?	
				No. Go to line 12.			
				Yes. Fill out <i>Initial S</i> this bankruptcy petit		Judgment Against You (Form 101A) and file it as	s part of

Deb	otor 1 Adalaide Thomas				Case number (if known)			
Par	t 3: Report About Any Bu	sinesses	You Own	as a Sole Proprie	tor			
12.	Are you a sole proprietor							
	of any full- or part-time business?	■ No.	Go to					
		☐ Yes.	Name	siness				
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name of business, if any					
	If you have more than one sole proprietorship, use a separate sheet and attach		Numb	er, Street, City, Sta	te & ZIP Code			
	it to this petition.		Check	the appropriate bo	ox to describe your business:			
				Health Care Busin	ness (as defined in 11 U.S.C. § 101(27A))			
				Single Asset Real	Estate (as defined in 11 U.S.C. § 101(51B))			
				Stockbroker (as d	lefined in 11 U.S.C. § 101(53A))			
				Commodity Broke	er (as defined in 11 U.S.C. § 101(6))			
				None of the above	e			
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadlines operation	s. If you in	dicate that you are ow statement, and the	court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of federal income tax return or if any of these documents do not exist, follow the procedure			
	For a definition of small	■ No.	I am not filing under Chapter 11.					
	business debtor, see 11 U.S.C. § 101(51D).	e 11 □ No.		I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.				
		☐ Yes.	I am fi	ling under Chapter	11 and I am a small business debtor according to the definition in the Bankruptcy Code.			
Par	t 4: Report if You Own or	Have Any	Hazardo	us Property or An	y Property That Needs Immediate Attention			
14.	Do you own or have any	■ No.						
	property that poses or is alleged to pose a threat of imminent and	☐ Yes.	What is t	he hazard?				
	identifiable hazard to public health or safety?		WHAT IS T	no nazara:				
	Or do you own any property that needs immediate attention?			ate attention is why is it needed?				
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is	Where is the property?				
	-				Number, Street, City, State & Zip Code			

Debtor 1 Adalaide Thomas Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Deb	otor 1 Adalaide Thomas	i		Cas	Case number (if known)					
Par	t 6: Answer These Quest	ions for Rep	oorting Purposes							
	What kind of debts do you have?	16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) individual primarily for a personal, family, or household purpose."								
		I	☐ No. Go to line 16b.							
		ı	■ Yes. Go to line 17.							
			Are your debts primarily busin noney for a business or investment			otain				
		I	☐ No. Go to line 16c.							
		ſ	☐ Yes. Go to line 17.							
		16c. S	State the type of debts you owe t	hat are not consumer debts or	business debts					
17.	Are you filing under Chapter 7?	□ No. I	am not filing under Chapter 7. G	Go to line 18.						
	Do you estimate that after any exempt property is excluded and		I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?							
	administrative expenses are paid that funds will	I	No							
	be available for distribution to unsecured creditors?		☐ Yes							
18.	How many Creditors do	1 -49		1 ,000-5,000	2 5,001-50,00	00				
	you estimate that you owe?	□ 50-99		☐ 5001-10,000	☐ 50,001-100,0					
		☐ 100-199 ☐ 200-999		☐ 10,001-25,000 ☐ More than100,000						
19.	How much do you	□ \$0 - \$50),000	☐ \$1,000,001 - \$10 million	\$1,000,001 - \$10 million					
	estimate your assets to be worth?		- \$100,000	□ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million		☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion				
			1 - \$500,000 11 - \$1 million	□ \$100,000,001 - \$500 million □ More than \$50 billion						
20.	How much do you	□ \$0 - \$50),000	☐ \$1,000,001 - \$10 million	\$500,000,000	1 - \$1 billion				
	estimate your liabilities to be?		1 - \$100,000	□ \$10,000,001 - \$50 millio	: : : :					
		`	01 - \$500,000 01 - \$1 million	☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million	: : : :	,001 - \$50 billion 50 billion				
		Φ ψ500,00	71 - QT THIIIIOTT	. , , , .	·					
Par	t 7: Sign Below									
For	you	I have exa	have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.							
			osen to file under Chapter 7, I ales Code. I understand the relief							
	If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).									
	I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.									
		I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 7 and 3571.								
		Adalaide Signature		Signature	of Debtor 2					
		Executed of	on March 1, 2019	Executed	on					
			MM / DD / YYYY		MM / DD / YYYY					

Debtor 1 Adalaide Thomas		Case	Case number (if known)			
For your attorney, if you are represented by one	under Chapter 7, 11, 12, or 13 of title 11, United	States Code, and have e	informed the debtor(s) about eligibility to proceed xplained the relief available under each chapter debtor(s) the notice required by 11 U.S.C. § 342(b)			
If you are not represented by an attorney, you do not need to file this page.	and, in a case in which § 707(b)(4)(D) applies, c schedules filed with the petition is incorrect.	ertify that I have no know	ledge after an inquiry that the information in the			
	/s/ Rachel L. Kaylie	Date	March 1, 2019			
	Signature of Attorney for Debtor		MM / DD / YYYY			
	Rachel L. Kaylie 2683407 Printed name					
	Law Offices of Rachel L. Kaylie, P.C.					
	Firm name					
	1702 Avenue Z Suite 205					
	Brooklyn, NY 11235					
	Number, Street, City, State & ZIP Code					
	Contact phone 718-615-9000	Email address	rachel@kaylielaw.com			
	2683407 NY					
	Bar number & State		<u> </u>			

Fill	in this informa	tion to identify your c	ase:				
Deb	otor 1	Adalaide Thomas					
Deh	otor 2	First Name	Middle Name	Last Name			
	use if, filing)	First Name	Middle Name	Last Name			
Unit	ed States Bank	ruptcy Court for the:	EASTERN DISTRIC	Γ OF NEW YORK			
Cas (if kn	e number					_	if this is an ded filing
Of	ficial Forr	m 106Sum					
Su	mmary of	Your Assets a	nd Liabilities	and Certain Statistical I	nformation	1	12/15
infor your	mation. Fill ou original forms	it all of your schedule	s first; then complete	ple are filing together, both are equete the information on this form. If you eck the box at the top of this page.			
Part	Summar	ize four Assets				V	
						Your as	f what you own
1.	Schedule A/E	B: Property (Official Fo 55, Total real estate, fro	rm 106A/B) om Schedule A/B			\$	365,000.00
	1b. Copy line	62, Total personal prop	erty, from Schedule A	/B		\$	72,700.00
	1c. Copy line	63, Total of all property	on Schedule A/B			\$	437,700.00
Part	2: Summar	ize Your Liabilities					
							abilities t you owe
2.				erty (Official Form 106D) at the bottom of the last page of Part	1 of Schedule D	\$	148,684.00
3.		Creditors Who Have Utotal claims from Part 1		cial Form 106E/F) aims) from line 6e of <i>Schedule E/F</i>		\$	3,051.27
	3b. Copy the	total claims from Part 2	(nonpriority unsecure	d claims) from line 6j of Schedule E/F.		\$	647.00
				v			450 000 05
				YC	our total liabilities	\$	152,382.27
Part	3: Summar	ize Your Income and	Expenses				
4.		our Income (Official For	•				
•••				lule I		\$	3,670.00
5.		our Expenses (Official of the control of the contro				\$	4,556.00
Part	4: Answer	These Questions for A	Administrative and S	tatistical Records			
6.		for bankruptcy unde	•	3? . Check this box and submit this form	to the court with yo	ur other sch	nedules.
7.	YesWhat kind of	debt do you have?					
				er debts are those "incurred by an indi 8-9g for statistical purposes. 28 U.S.C		a personal,	family, or
		ots are not primarily c with your other schedu		have nothing to report on this part of t	he form. Check this	s box and si	ubmit this form to
		_					

Official Form 106Sum Summary of Your

Debtor 1 Adalaide Thomas Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$_____

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total cl	aim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	3,051.27
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	3,051.27

Fill	in this inforr	nation to identify your	case and th	nis filing	g:					
Deh	otor 1	Adalaide Thomas	,		-					
Den	itor i	First Name		e Name	Las	st Name				
	otor 2									
(Spo	use, if filing)	First Name	Middle	Name	Las	st Name				
Unit	ed States Ba	inkruptcy Court for the:	EASTERN	DISTRI	ICT OF NEW YOR	K				
Cas	e number								☐ Check if this is	
Ous	_								amended filing	
									`	•
\bigcirc ti	isial Fa	νιος 4.0C.Λ /D								
_		rm 106A/B								
Sc	hedul	e A/B: Prop	erty						12/15	
	er every ques	e space is needed, attach stion. Each Residence, Building	·				write your n	ame and case	number (if known).	
1. D o	you own or h	nave any legal or equitable	e interest in a	ny resid	lence, building, land	d, or similar property?				
	No. Go to Par	t 2.								
	Yes Where is	s the property?								
		p p								
1.1				What	t is the property? Ch	neck all that apply				
	39 Clauro	me Place			Single-family home	····	Do not dedi	Do not deduct secured claims or exemptions. Put		
	Street address,	if available, or other description		Duplex or multi-unit building the amount				nt of any secured claims on Schedule D: Who Have Claims Secured by Property.		
					Condominium or co	ooperative	Creditors vi	mo nave Cialii	ns secured by Property.	
						abile bears				
	Freeport	NY 115	20-0000			ioblie nome	Current va		Current value of the	e
	City		ZIP Code			h.	entire prop	erty? 5,000.00	portion you own? \$365,000	nn
	City	State	ZIF Code			ıy				
									our ownership intere	
				Who	has an interest in the	he property? Check one	•	e), if known.		,
					Debtor 1 only		Fee sim	ole		
	Nassau				Debtor 2 only					
	County				Debtor 1 and Debte	or 2 only	- Check	if this is com	munity property	
						debtors and another	(see ins	tructions)	, pp,	
					•	ish to add about this item	n, such as lo	cal		
					erty identification n					
				Dep	tors' residence					
2	Add the dell	ar value of the portion	vou own fo	r all of	vour entries from	Part 1 including any	antrice for			
		ave attached for Part 1						=>	\$365,000.00)
	_	Your Vehicles								_

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Debtor	Adalaide Tho	mas	Case number (if known)			
3. Cars ,	, vans, trucks, tracto	ors, sport utility ve	hicles, motorcycles			
□ No						
■ Ye	s					
	Make: Nissan		Who has an interest in the property? Check one	the amount of any	ured claims or exemptions. Put secured claims on <i>Schedule D</i> :	
	Model: Altima Year: 2001		Debtor 1 only	Creditors Who Ha	ve Claims Secured by Property.	
	/ear: 2001 Approximate mileage:	124000	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	Current value of entire property?	the Current value of the portion you own?	
	Other information:	124000	☐ At least one of the debtors and another	entire property:	portion you own:	
2	001 green Nissan	Altima with				
	24,000 miles		☐ Check if this is community property (see instructions)	\$1,500	9.00 \$1,500.00	
■ No	, , ,	notors, personal wa	tercraft, fishing vessels, snowmobiles, motoro	cycle accessories		
			n for all of your entries from Part 2, includi that number here		\$1,500.00	
Do you		gal or equitable in	ems terest in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.	
Exar	ehold goods and function in the second secon		, china, kitchenware			
	[household good	ds and furniture, appliances		\$4,000.00	
Exar	including cell p	ohones, cameras, m	eo, stereo, and digital equipment; computers, nedia players, games	printers, scanners; music c	ollections; electronic devices	
		TV, computer, p	orinter		\$600.00	
Exar	other collection	igurines; paintings, ns, memorabilia, co	prints, or other artwork; books, pictures, or oth llectibles	ner art objects; stamp, coin,	or baseball card collections;	
☐ Ye	es. Describe					
	musical instru	raphic, exercise, ar	nd other hobby equipment; bicycles, pool table	es, golf clubs, skis; canoes a	and kayaks; carpentry tools;	
■ Ye	es. Describe					
	1	25 year old pian	10		\$300.00	
		your old plai	·~	1	ψοσοίσο	

D	ebtor 1	Adalaide Tho	omas		Case	number (if known)	
10	. Firearm <i>Examp</i>		s, shotgun	s, ammunition, a	nd related equipment		
		Describe					
				445 1 4			¢450.00
			Mosbe	rg 410 shotgu	n		\$150.00
11.	□ No		othes, furs	s, leather coats, c	designer wear, shoes, accessories		
			Clothir	ng and shoes			\$300.00
12	□ No			, ,,	gagement rings, wedding rings, heirloom jewelry	, watches, gems, g	
			costun	ne jewelry, wa	tcn		\$300.00
	Examp ■ No □ Yes.	rm animals bles: Dogs, cats, b Describe her personal and			id not already list, including any health aids y	you did not list	
		Give specific info	ormation				
15					n Part 3, including any entries for pages you h	nave attached	\$5,650.00
Pa	art 4: Des	scribe Your Financ	cial Assets	i			
De	o you ow	n or have any le	egal or ed	quitable interest	in any of the following?		Current value of the portion you own? Do not deduct secured claims or exemptions.
16	□ No		,		home, in a safe deposit box, and on hand when	you file your petition	on
					d	cash in ebtor's ossession	\$50.00
17.					ccounts; certificates of deposit; shares in credit units with the same institution, list each.	ınions, brokerage l	nouses, and other similar
	_				Institution name:		
			17.1.	Checking	Chase checking account ending	յ in 8565	\$1,500.00

D	ebtor 1 Adalaide Thomas			Case number (if known)					
			17.2.	Savings	Chase savings account ending in 8795	\$4,000.00			
18.				ly traded stocks ent accounts with bro	okerage firms, money market accounts				
				Institution or issuer	name:				
19.	. Non-pu joint ve ■ No		tock and	interests in incorp	oorated and unincorporated businesses, including an interest in an LLC, p	oartnership, and			
	_	Give specific int		about themne of entity:	% of ownership:				
20	Negotia	able instruments	include p	ersonal checks, cas	otiable and non-negotiable instruments shiers' checks, promissory notes, and money orders. ansfer to someone by signing or delivering them.				
	_	Give specific info		about them uer name:					
21.		nent or pension bles: Interests in			403(b), thrift savings accounts, or other pension or profit-sharing plans				
	■ Yes. I	List each accour		ely. of account:	Institution name:				
			IRA		Putnam Investments IRA rollover plan	\$22,000.00			
22.	Your sh Examp ■ No		ed deposit	s you have made so	o that you may continue service or use from a company public utilities (electric, gas, water), telecommunications companies, or others Institution name or individual:				
23.	Annuiti		or a period	dic payment of mone	ey to you, either for life or for a number of years)				
	□ No ■ Yes	ls	suer nam	e and description.					
				vith New York Lit mber 74791351	ife Insurance and Annuity Corporation	Unknown			
24.		s in an education. §§ 530(b)(1),			qualified ABLE program, or under a qualified state tuition program.				
	☐ Yes	lr	stitution r	ame and description	on. Separately file the records of any interests.11 U.S.C. § 521(c):				
25.	■ No				other than anything listed in line 1), and rights or powers exercisable for y	your benefit			
26	. Patents		ademark	s, trade secrets, ar	nd other intellectual property				
	■ No	Oles: Internet dor			eds from royalties and licensing agreements				
27.	. License	es, franchises,	and othe	r general intangible	les perative association holdings, liquor licenses, professional licenses				
	■ No	Give specific int	formation	ahout them					

De	ebtor 1 Adalaide Thomas		Ca	se number (if known)	
Mo	oney or property owed to you?				Current value of the portion you own? Do not deduct secured claims or exemptions.
	. Tax refunds owed to you ☐ No ■ Yes. Give specific information about	them, including whether you already file	ed the returns and	the tax years	
		Anticipated income tax refund year ending:	Is for tax	Federal	\$0.00
	Family support Examples: Past due or lump sum alim No □ Yes. Give specific information	oony, spousal support, child support, mai	intenance, divorce	e settlement, property s	ettlement
	Other amounts someone owes you Examples: Unpaid wages, disability in benefits; unpaid loans you No ☐ Yes. Give specific information	surance payments, disability benefits, si made to someone else	ck pay, vacation p	oay, workers' compens	ation, Social Security
31.	Interests in insurance policies		credit, homeowner Beneficiary:		e Surrender or refund value:
		eurance policy with Prudential e policy number 50902	Christy The daughter	nomas,	\$38,000.00
	 Any interest in property that is due to lifyou are the beneficiary of a living trusomeone has died. No Yes. Give specific information 	you from someone who has died ust, expect proceeds from a life insuranc	e policy, or are cu	rrently entitled to receiv	ve property because
33.	Claims against third parties, whethe Examples: Accidents, employment dis No Yes. Describe each claim	er or not you have filed a lawsuit or ma sputes, insurance claims, or rights to sue		r payment	
	Other contingent and unliquidated of No No Yes. Describe each claim	claims of every nature, including coun	iterclaims of the	debtor and rights to s	set off claims
	Any financial assets you did not alro No ☐ Yes. Give specific information	eady list			
36	6. Add the dollar value of all of your for Part 4. Write that number here.	entries from Part 4, including any entr			\$65,550.00
Pa	art 5: Describe Any Business-Related Pro	perty You Own or Have an Interest In. List	any real estate in P	art 1.	

37. Do you own or have any legal or equitable interest in any business-related property?

No. Go to Part 6.

Debt	or 1	Adalaide Thomas		Case number (if known)	
	Yes. G	so to line 38.			
Part 6		scribe Any Farm- and Commercial Fishing-Related Property You output on the commercial Fishing-Related Property You output on the commercial Fishing-Related Property You own or have an interest in farmland, list it in Part 1.	Own or Have an Intere	st In.	
46. D	o you	own or have any legal or equitable interest in any farm-	or commercial fishir	ng-related property?	
ı	No.	Go to Part 7.			
[☐ Yes.	Go to line 47.			
Part 7	7:	Describe All Property You Own or Have an Interest in That You	Did Not List Above		
	Examp No Yes.	have other property of any kind you did not already list? bles: Season tickets, country club membership Give specific information he dollar value of all of your entries from Part 7. Write tha	t number here		\$0.00
Part 8	B:	List the Totals of Each Part of this Form			
55.	Part 1	: Total real estate, line 2			\$365,000.00
56.	Part 2	t: Total vehicles, line 5	\$1,500.00		
57.	Part 3	: Total personal and household items, line 15	\$5,650.00		
58.	Part 4	: Total financial assets, line 36	\$65,550.00		
59.	Part 5	: Total business-related property, line 45	\$0.00		
60.	Part 6	: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7	: Total other property not listed, line 54 +	\$0.00		
62.	Total	personal property. Add lines 56 through 61	\$72,700.00	Copy personal property total	\$72,700.00
63.	Total	of all property on Schedule A/B. Add line 55 + line 62			\$437,700.00

31	ll in this inforn	nation to identify your o	case:			
	ebtor 1	Adalaide Thomas				
De	ebtor 2	First Name	Middle Name	L	ast Name	
	oouse if, filing)	First Name	Middle Name	L	ast Name	
Ur	nited States Bar	nkruptcy Court for the:	EASTERN DISTRICT OF NE	EW Y	ORK	
	ase number _					
(if k	known)					☐ Check if this is an amended filing
_	(C) - 1 - 1	1000				
	fficial Fo					
S	chedule	e C: The Pro	pperty You Cla	iim	as Exempt	4/16
For spears to the Part 1.	property you liceded, fill out and se number (if known a cach item of ecific dollar and applicable state—may be used to applicable and applicable and applicable and applicable art 1: Identification which set of a you are classification and are classification and applicable art 1: Identification are classification and ar	sted on Schedule A/B: P d attach to this page as r nown). property you claim as e nount as exempt. Alternatutory limit. Some exemptimited in dollar amount statutory amount. y the Property You Claim exemptions are you claiming state and federal aiming federal exemption	roperty (Official Form 106A/B) many copies of Part 2: Addition exempt, you must specify the natively, you may claim the femptions—such as those for int. However, if you claim an and the value of the propert im as Exempt aiming? Check one only, even nonbankruptcy exemptions.	e amo ull fai healt exen y is d	our source, list the property that you age as necessary. On the top of any ount of the exemption you claim. If market value of the property be thaids, rights to receive certain the property of the property of the property be thaids, rights to receive certain the property of the property of the property of the property be thaids, rights to receive certain the property of the prope	One way of doing so is to state a sing exempted up to the amount of benefits, and tax-exempt retirement
		on of the property and line		Amo	ount of the exemption you claim	Specific laws that allow exemption
	Schedule A/B	that lists this property	portion you own Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
	39 Claurom	e Place Freeport, N	\$365,000.00	•	\$170,825.00	NYCPLR § 5206
	Debtors' re				100% of fair market value, up to any applicable statutory limit	
		lebtors' residence	\$1,500.00		\$1,500.00	NYCPLR § 5205(a)(8)
	Line nom Scr	leaule A/B. 3.1			100% of fair market value, up to any applicable statutory limit	
		goods and furniture	\$4,000.00		\$4,000.00	NYCPLR § 5205(a)(5)
	appliances Line from Sch	nedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit	
	TV, comput		\$600.00		\$600.00	NYCPLR § 5205(a)(5)
	Line from Sch	nedule A/B: 7.1			100% of fair market value, up to any applicable statutory limit	
	25 year old		\$300.00		\$300.00	Debtor & Creditor Law §
	Line from Sch	nedule A/B: 9.1			100% of fair market value, up to	283(1)

Official Form 106C

any applicable statutory limit

		Case number (if known)	
Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exempti
Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
\$150.00		\$150.00	Debtor & Creditor Law § 283(1)
		100% of fair market value, up to any applicable statutory limit	200(1)
\$300.00		\$300.00	NYCPLR § 5205(a)(5)
		100% of fair market value, up to any applicable statutory limit	
\$300.00		\$300.00	NYCPLR § 5205(a)(6)
		100% of fair market value, up to any applicable statutory limit	
\$50.00		\$50.00	NYCPLR § 5205(a)(9)
		100% of fair market value, up to any applicable statutory limit	
\$1,500.00		\$1,100.00	NYCPLR § 5205(a)(9)
		100% of fair market value, up to any applicable statutory limit	
\$4,000.00	•	\$0.00	NYCPLR § 5205(a)(9)
		100% of fair market value, up to any applicable statutory limit	
\$22,000.00		\$22,000.00	NYCPLR § 5205(e)
		100% of fair market value, up to any applicable statutory limit	
Unknown		\$5,000.00	NYCPLR § 5205
		100% of fair market value, up to any applicable statutory limit	
\$38,000.00		\$38,000.00	NY Ins. Law § 3212
		100% of fair market value, up to any applicable statutory limit	
		lad an ar after the data of adjustmen	nt)
	\$150.00 \$300.00 \$300.00 \$1,500.00 \$1,500.00 \$1,500.00 \$1,500.00 \$1,500.00	\$150.00	\$150.00 \$300.0

Fill in this informati	on to identify you	r case:			
	Adalaide Thoma			_	
	First Name	Middle Name Last Name			
Debtor 2 (Spouse if, filing)	First Name	Middle Name Last Name		-	
United States Bankru	ptcy Court for the	EASTERN DISTRICT OF NEW YORK		_	
Case number				_	t if this is an
Official Forms 4	000			amend	ded filing
Official Form 1					
Schedule D:	Creditors	Who Have Claims Secure	d by Propert	:y	12/15
		If two married people are filing together, both are edout, number the entries, and attach it to this form. O			
1. Do any creditors hav	e claims secured b	y your property?			
☐ No. Check this	s box and submit t	his form to the court with your other schedules. Y	ou have nothing else	to report on this form.	
_	of the information	•			
		bolow.			
	ecured Claims		Column A	Column B	Column C
for each claim. If more	than one creditor has	more than one secured claim, list the creditor separately a particular claim, list the other creditors in Part 2. As cal order according to the creditor's name.	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
2.1 Mr. Cooper		Describe the property that secures the claim:	\$148,684.00	\$365,000.00	\$0.00
Creditor's Name Attn: Bankru 8950 Cypres: Blvd Coppell, TX	S Waters 75019	39 Claurome Place Freeport, NY 11520 Nassau County Debtors' residence As of the date you file, the claim is: Check all that apply. Contingent Unliquidated			
rumber, enect, only	, clate a zip code	☐ Disputed			
Who owes the debt?	Check one.	Nature of lien. Check all that apply.			
■ Debtor 1 only □ Debtor 2 only		An agreement you made (such as mortgage or se car loan)	cured		
Debtor 1 and Debtor	2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
lacksquare At least one of the d	ebtors and another	☐ Judgment lien from a lawsuit			
Check if this claim community debt					
Date debt was incurre	Opened 06/07 Last Active 10/13/17	Last 4 digits of account number 2516			
Add the dollar value	of your entries in C	olumn A on this page. Write that number here:	\$148,68	84.00	
If this is the last pag	e of your form, add	the dollar value totals from all pages.	\$148,68		

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

Fill in this infor	mation to identify your case	:						
Debtor 1	Adalaide Thomas							
	First Name	Middle Name	Last Nam	е				
Debtor 2								
(Spouse if, filing)	First Name	Middle Name	Last Nam	е				
United States Ba	ankruptcy Court for the: EA	STERN DISTRICT OF NEV	W YORK					
Case number								
(if known)						П	Check	if this is an
1						<u> </u>	amend	ed filing
~								
Official Forr								
Schedule E	E/F: Creditors Who	Have Unsecured	l Claim	S				12/15
Schedule D: Credi	utory Contracts and Unexpired I tors Who Have Claims Secured ntinuation Page to this page. If y Imber (if known).	by Property. If more space is	needed, co	py the Par	t you need, fill it out, i	number the	entries in	n the boxes on the
Part 1: List A	All of Your PRIORITY Unsecu	ured Claims						
1. Do any credit	ors have priority unsecured cla	ims against you?						
☐ No. Go to I	Part 2.							
Yes.								
identify what ty possible, list th	Ir priority unsecured claims. If a ype of claim it is. If a claim has bot ne claims in alphabetical order acc than one creditor holds a particula	h priority and nonpriority amour ording to the creditor's name. If	nts, list that of you have n	claim here a	and show both priority a	nd nonprior	ity amount	ts. As much as
(For an explan	nation of each type of claim, see th	e instructions for this form in the	e instruction	booklet.)	Total claim	Priority amount		Nonpriority amount
2.1 Interna	I Revenue Service	Last 4 digits of accou	unt number		Unknown		\$0.00	\$0.00
Priority C	reditor's Name					-	-	· ·
	nvolvency	When was the debt in	ncurred?	unknov	vn			
	larket Street							
	elphia, PA 19104 Street City State Zip Code	As of the date you file	e. the claim	is: Check a	all that apply			
	ed the debt? Check one.	☐ Contingent	.,					
Debtor 1	only	☐ Unliquidated						
Debtor 2	only	☐ Disputed						
☐ Debtor 1 and Debtor 2 only Type of PRIORITY unsecured claim:								
	one of the debtors and another	☐ Domestic support of	obligations					
_	this claim is for a community d	ebt Taxes and certain of	other debts	ou owe the	government			
	subject to offset?	☐ Claims for death or						
■ No	• • • • • • • • • • • • • • • • • • • •	☐ Other. Specify		. , - ,-				
☐ Yes			ixes owe	d				

Priority Creditor's Name WA Harriman Campus Albany, NY 12227-0001 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 3 only Debtor 1 and Debtor 3 only Type of PRIORITY unsecured claim: Takes and certain other debts you owe the government Is the claim subject to offset? Claims for death or personal injury while you were intoxicated Type of PRIORITY unsecured claims in the redebts you owere intoxicated Type of PRIORITY unsecured claims and the redebts you owere intoxicated Type of PRIORITY unsecured claims and the redebts you owere intoxicated Type of Calim if a creditor has more than one nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, is the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Praft 1. If more than one creditor has particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2. Bank of America Nonpriority Creditor's Name Attn: Bankruptcy NC4-105-02-77 Po Box 26012 Greensboro, NC 27410 Number Street City State Zip Code Who incurred the debt? Check one. Check all that apply When was the debt incurred? Depend 04/85 Last Active 2/28/11 As of the date you file, the claim is: Check all that apply	Debtor	Adalaide Thomas	Case number (if known)							
Albanny, NY 12227-0001 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only	2.2		Last 4 digits of account number	L042	\$3,	051.27	\$3,051.2	27	\$0.00	
Number Street City State Zip Code Who Incurred the debt? Check one. Contingent		•	When was the debt incurred?	2016						
Who incurred the debt? Check one. Contingent			As of the date you file, the claim							
Debtor 1 only	W	/ho incurred the debt? Check one.	☐ Contingent							
Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Ves Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Taxes owed Taxes owed Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Taxes owed Taxes o		Debtor 1 only	☐ Unliquidated							
Debtor 1 and Debtor 2 only		Debtor 2 only	Disputed							
At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes Other. Specify Taxes owed		Debtor 1 and Debtor 2 only	·	im:						
Check if this claim is for a community debt Is the claim subject to offset? Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims No Claims for death or personal injury while you were intoxicated Claims No Claims for death or personal injury while you were intoxicated Claims	_	_	☐ Domestic support obligations							
Is the claim subject to offset? No Other. Specify Yes List All of Your NONPRIORITY Unsecured Claims No Other. Specify taxes owed	_	_	■ Taxes and certain other debts v	ou owe the	government					
No Yes Taxes owed		•	_			cated				
Part 2: List All of Your NONPRIORITY Unsecured Claims 3. Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. Yes. 4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2. Bank of America Nonpriority Creditor's Name Attn: Bankruptcy NC4-105-02-77 Po Box 26012 Gensboro, NC 27410 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Disputed	_	_	Other, Specify							
3. Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. Yes. 4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2. Bank of America Nonpriority Creditor's Name Attn: Bankruptcy NC4-105-02-77 Po Box 26012 Greensboro, NC 27410 Number Street City State Zip Code When was the debt incurred? When was the debt incurred? Opened 04/85 Last Active 2/28/11 As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 2 only Debtor 2 only Debtor 3 bank or the court with your other schedules. As a creditor who holds each claim. If a creditor has more than one nonpriority unsecured claims. If a creditor has more than one nonpriority unsecured claims. If a creditor has more than one nonpriority unsecured claims. If a creditor has more than one nonpriority unsecured claim. If a creditor has more than one nonpriority unsecured claim. If a creditor has more than one nonpriority unsecured claim. If a creditor has more than one nonpriority unsecured claim. If a creditor has more than one nonpriority unsecured claim. If a creditor has more than one nonpriority unsecured claim. If a creditor has more than one nonpriority unsecured claim. If a creditor has more than one nonpriority unsecured claim. If a creditor has more than one nonpriority unsecured claim. If a creditor has more than one nonpriority unsecured claim. If a		Yes		l						
3. Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. Yes. 4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2. Bank of America Nonpriority Creditor's Name Attn: Bankruptcy NC4-105-02-77 Po Box 26012 Greensboro, NC 27410 Number Street City State Zip Code When was the debt incurred? When was the debt incurred? Opened 04/85 Last Active 2/28/11 As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 2 only Debtor 2 only Debtor 3 bank or the court with your other schedules. As a creditor who holds each claim. If a creditor has more than one nonpriority unsecured claims. If a creditor has more than one nonpriority unsecured claims. If a creditor has more than one nonpriority unsecured claims. If a creditor has more than one nonpriority unsecured claim. If a creditor has more than one nonpriority unsecured claim. If a creditor has more than one nonpriority unsecured claim. If a creditor has more than one nonpriority unsecured claim. If a creditor has more than one nonpriority unsecured claim. If a creditor has more than one nonpriority unsecured claim. If a creditor has more than one nonpriority unsecured claim. If a creditor has more than one nonpriority unsecured claim. If a creditor has more than one nonpriority unsecured claim. If a creditor has more than one nonpriority unsecured claim. If a	Part 2	List All of Your NONPRIORITY Unsecu	ured Claims							
Nonpriority Creditor's Name Attn: Bankruptcy NC4-105-02-77 Po Box 26012 Greensboro, NC 27410 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Disputed Nopened 04/85 Last Active 2/28/11 As of the date you file, the claim is: Check all that apply Contingent Disputed	4. Lis	at all of your nonpriority unsecured claims in the secured claim, list the creditor separately for each claim one creditor holds a particular claim, list the other	laim. For each claim listed, identify wh	at type of c	laim it is. Do	not list claim:	s already include ns fill out the Cor	ed in Part 1. ntinuation Pa	If more	
Nonpriority Creditor's Name Attn: Bankruptcy NC4-105-02-77 Po Box 26012 Greensboro, NC 27410 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Disputed Opened 04/85 Last Active 2/28/11 As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed	4.1	Bank of America	Last 4 digits of account numb	er 539 9	9				\$0.00	
Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 2 only Disputed		Nonpriority Creditor's Name Attn: Bankruptcy NC4-105-02-77 Po Box 26012	_	Ope	ned 04/85	Last Act	tive			
■ Debtor 1 only □ Contingent □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ Disputed □ Disputed		·	As of the date you file, the cla	m is: Chec	ck all that app	ly				
□ Debtor 2 only □ Unliquidated □ Debtor 1 and Debtor 2 only □ Disputed □ Total PRIORITY Control of the Control		Who incurred the debt? Check one.								
□ Debtor 1 and Debtor 2 only □ Disputed		■ Debtor 1 only	☐ Contingent							
To a CNONDRIGHTY and a fall to		☐ Debtor 2 only	☐ Unliquidated							
Type of NONDBIODITY uncopyred claims		☐ Debtor 1 and Debtor 2 only	☐ Disputed							
The least one of the destors and another		\square At least one of the debtors and another	Type of NONPRIORITY unsecu	red claim:	:					
☐ Check if this claim is for a community ☐ Student loans		•	☐ Student loans							
debt ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims				eparation a	greement or o	divorce that y	ou did not			
■ No □ Debts to pension or profit-sharing plans, and other similar debts		<u> </u>		aring plans	and other sir	nilar debts				
☐ Yes ☐ Other. Specify ☐ Check Credit Or Line Of Credit				0.	,					

Debtor	1 Adalaide Thomas	Case number (if known)							
4.2	Citimortgage	Last 4 digits of account number	9956	\$0.00					
	Nonpriority Creditor's Name Attn: Centralized Bankruptcy Po Box 9438 Gettsburg, MD 20898	When was the debt incurred?	Opened 6/14/07 Last Active 10/13/17						
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply						
	Debtor 1 only	Contingent							
	Debtor 2 only	☐ Unliquidated							
	☐ Debtor 1 and Debtor 2 only ☐ Disputed ☐ At least one of the debtors and another Type of NONPRIORITY unsecured claim:								
	☐ Check if this claim is for a community debt Is the claim subject to offset? ■ No	☐ Student loans	ration agreement or divorce that you did not						
	■ No □ Yes	■ Other. Specify Real Estate	• •						
	Li res	Other. Specify Near Estate	· mortgage						
4.3	Equifax Nonpriority Creditor's Name	Last 4 digits of account number		\$0.00					
	Attn: Bankruptcy Dept. P.O. Box 740241 Atlanta, GA 30374	When was the debt incurred?							
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply						
	Debtor 1 only								
	Debtor 2 only								
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured	d claim:						
	☐ At least one of the debtors and another ☐ Check if this claim is for a community debt	Student loans	ration agreement or divorce that you did not						
	Is the claim subject to offset?	report as priority claims							
	■ No	Debts to pension or profit-sharin	51						
	Yes	Other. Specify Notice Only	<u>′ </u>						
4.4	Experian Nonpriority Creditor's Name	Last 4 digits of account number		\$0.00					
	Attn: Bankruptcy Dept. P.O. Box 2002 Allen, TX 75013								
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply						
	■ Debtor 1 only	☐ Contingent							
	Debtor 2 only	☐ Unliquidated							
	☐ Debtor 1 and Debtor 2 only ☐ Disputed								
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:						
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not						
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts						
	☐Yes	■ Other. Specify Notice Only							

Official Form 106 E/F

Debtor	1 Adalaide	Thomas		С	ase nu	ımber (if k	known)		
4.5		editor's Name ruptcy Dept.	Last 4 digits of account nu	-			-		\$0.00
		ne, PA 19022							
-		City State Zip Code the debt? Check one.	As of the date you file, the	claim is:	: Check	all that ap	oply		
	■ Debtor 1 or		☐ Contingent						
	Debtor 2 or		☐ Unliquidated						
	_	nd Debtor 2 only	☐ Disputed						
		e of the debtors and another	Type of NONPRIORITY uns	secured (claim:				
		nis claim is for a community	☐ Student loans						
	debt	is claim is for a community	☐ Obligations arising out of	a separa	ation ag	reement o	or divorce that you	ı did not	
	Is the claim s	ubject to offset?	report as priority claims						
	No		Debts to pension or profit	t-sharing	plans, a	and other	similar debts		
	☐ Yes		Other. Specify Notice	e Only					
4.6	Visa Dept S	Store National	Last 4 digits of account nu	ımber	9970				\$647.00
	Nonpriority Cre	editor's Name	-	-	_		_	_	
	Attn: Bank Po Box 805 Mason, OH	53	When was the debt incurre		Open 3/27/		2 Last Activ	'e	
-		City State Zip Code	As of the date you file, the	claim is:	: Check	all that ap	oply		
	Who incurred	the debt? Check one.							
■ Debtor 1 only □ Debtor 2 only			☐ Contingent						
			☐ Unliquidated						
	Debtor 1 ar	nd Debtor 2 only	☐ Disputed						
		e of the debtors and another	Type of NONPRIORITY uns	secured	claim:				
	☐ Check if th	nis claim is for a community	☐ Student loans						
	debt	·	 ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts 						
		ubject to offset?							
	■ No								
	☐ Yes		■ Other. Specify Charge Account						
Part 3:	List Other	rs to Be Notified About a Debt 1	Γhat You Already Listed						
is tryir have n	ng to collect from	you have others to be notified aboromyou for a debt you owe to some creditor for any of the debts that yos in Parts 1 or 2, do not fill out or so	one else, list the original cree ou listed in Parts 1 or 2, list th	ditor in F	Parts 1	or 2, then	list the collection	on agency he	ere. Similarly, if you
Part 4:	Add the A	mounts for Each Type of Unse	cured Claim						
	the amounts of f unsecured cl	f certain types of unsecured claims aim.	. This information is for statis	stical rep	oorting	purposes	s only. 28 U.S.C.	§159. Add th	ne amounts for each
							Total Claim		
Т	6a. 「otal	Domestic support obligations			6a.	\$		0.00	
cla from Pa	aims art 1 6b.	Taxes and certain other debts yo	ou owe the aovernment		6b.	\$	2	,051.27	
	6c.		-	d	6c.	\$		0.00	
	6d.	Other. Add all other priority unsecu	ured claims. Write that amount h	here.	6d.	\$		0.00	
	6e.	Total Priority. Add lines 6a throug	h 6d.		6e.	\$	3	,051.27	
									_
	6f.	Student loans			6f.	•	Total Claim	0.00	
Т	oı. Total	Gluuciil Ivalis			oi.	\$		0.00	
	aims	Obligations arising out of a sepa	aration agreement or divorce	that	6g.	\$		0.00	

Official Form 106 E/F

Debtor 1 A	tor 1 Adalaide Thomas			ımber (if known)		
	6h.	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00	
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	647.00	
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	647.00	

Official Form 106 E/F

Fill in this infor	mation to identify your	case:		
Debtor 1	Adalaide Thomas			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT C	F NEW YORK	
Case number				
(if known)				☐ Check if this is an
				amended filing
				amended illing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

F	Person or	company with Name, Number	whom you have the , Street, City, State and ZIP	e contract or lease Code	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.2					
	Name				
	Number	Street			_
	City		State	ZIP Code	<u> </u>
2.3	City		State	ZIF Code	
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.4	•				
•	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.5	- Ny		Olalo	211 0000	
	Name				_
	Number	Street			_
	City		State	ZIP Code	_

Official Form 106G

Fill in this info	ormation to identify your	case:			
Debtor 1	Adalaide Thomas				
Debtor 2	First Name	Middle Name	Last Name		
Spouse if, filing)	First Name	Middle Name	Last Name		
United States I	Bankruptcy Court for the:	EASTERN DISTRICT O	F NEW YORK		
Case number					
(if known)					Check if this is an amended filing
~~~	40011				amonded ming
	orm 106H	1.4			
schedul	e H: Your Cod	ebtors			12/15
	,	<ul> <li>Answer every question</li> <li>you are filing a joint case, or</li> </ul>		e as a codebtor.	
■ No			·		
□ res					
		ı lived in a community pr , Nevada, New Mexico, Pu			ty states and territories include
■ No. Go		use, or legal equivalent live	with you at the time?		
<b>□</b> 103. Dit	a your spouse, former spo	ase, or legal equivalent live	, with you at the time:		
in line 2 a	gain as a codebtor only i D), Schedule E/F (Officia	f that person is a guaran	tor or cosigner. Make	sure you have listed t	g with you. List the person shown he creditor on Schedule D (Officia Schedule E/F, or Schedule G to fi
	umn 1: Your codebtor , Number, Street, City, State and Z	P Code		Column 2: The cre Check all schedule	editor to whom you owe the debt es that apply:
3.1				☐ Schedule D, lin	ne
Name	9			☐ Schedule E/F,	
				☐ Schedule G, lir	ne
Numb	oer Street			<u> </u>	
City		State	ZIP Code		
3.2				☐ Schedule D, lir	ne.
Name	9			☐ Schedule E/F,	
				☐ Schedule G, lir	
Numb	per Street	Otete	715.0	_	
City		State	ZIP Code		

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Fill	in this information to identify your c	ase:								
	otor 1 Adalaide Th									
	otor 2 puse, if filing)				_ _					
Uni	ted States Bankruptcy Court for the	: EASTERN DISTRICT	OF NEW YORK							
	se number nown)					□ An		d filing ent showing	g postpetitior	
$\bigcirc$	fficial Form 106I								ollowing date	:
	chedule I: Your Inc	omo				MN	M / DD/ Y	YYY		12/15
sup spo atta	as complete and accurate as pose plying correct information. If you use. If you are separated and you ch a separate sheet to this form.	are married and not filing wi	ng jointly, and your s th you, do not include	spouse i de inforr	s livi natio	ng with y on about y	ou, incluyour spo	ude inform ouse. If mo	nation abou ore space is	t your needed,
Par	t 1: Describe Employment									
1.	Fill in your employment information.		Debtor 1				Debtor 2	or non-fil	ling spouse	
	If you have more than one job,	Employment status	☐ Employed				☐ Emplo	oyed		
	attach a separate page with information about additional employers.	Employment status	■ Not employed				☐ Not e	mployed		
		Occupation								
	Include part-time, seasonal, or self-employed work.	Employer's name								
	Occupation may include student or homemaker, if it applies.	Employer's address								
		How long employed th	nere?				_			
Par	t 2: Give Details About Mor	nthly Income								
spou If yo	mate monthly income as of the duse unless you are separated.  u or your non-filing spouse have mee space, attach a separate sheet to	ore than one employer, co	, c		,	•		•	,	Ü
						For Debt	tor 1		otor 2 or ng spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$_		0.00	\$	N/A	=
3.	Estimate and list monthly overt	ime pay.		3.	+\$_		0.00	+\$	N/A	-
4.	Calculate gross Income. Add lin	ne 2 + line 3.		4.	\$_		0.00	\$	N/A	

Official Form 106I Schedule I: Your Income page 1

Deb	tor 1	Adalaide Thomas		C	Case number (if kn	own)				
					For Debtor 1		non	Debtor 2	pouse	
	Cop	y line 4 here	4.		\$0	.00	\$_		N/A	-
5.	List	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a.			.00	\$		N/A	_
	5b.	Mandatory contributions for retirement plans	5b.			.00	\$		N/A	_
	5c.	Voluntary contributions for retirement plans	5c.			.00	\$_		N/A	_
	5d. 5e.	Required repayments of retirement fund loans Insurance	5d. 5e.			.00	\$_ \$		N/A N/A	_
	5e. 5f.	Domestic support obligations	5f.		:	.00	\$		N/A	_
	5g.	Union dues	5g.		·	.00	\$_		N/A	_
	5h.	Other deductions. Specify:	5h.			.00	+ \$		N/A	_
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$ 0	.00	\$		N/A	=
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$ 0	.00	\$		N/A	_
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.		\$ 0	.00	\$		N/A	
	8b.	Interest and dividends	8b.		\$ 0	.00	\$		N/A	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.		\$ 0	.00	\$		N/A	
	8d.	Unemployment compensation	8d.		\$ 0	.00	\$		N/A	_
	8e.	Social Security	8e.		\$ 2,030	.00	\$		N/A	_
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	8f.			.00	\$		N/A	
	8g.	Pension or retirement income	8g.		\$ 1,640		\$_		N/A	_
	8h.	Other monthly income. Specify:	_ 8h.	.+	\$0	.00	+ \$_		N/A	_
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	3,670	.00	\$		N/A	A
10.	Cal	culate monthly income. Add line 7 + line 9.	10.	\$	3,670.00	+ \$		N/A	= \$	3,670.00
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
11.	Inclu othe	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not acify:	depe		. ,			Schedule 11.		0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certailies						12.	\$	3,670.00
12	Do :	you expect an increase or decrease within the year after you file this form	2						monthl	y income
13.		No.  Yes. Explain:	•							

Official Form 106I Schedule I: Your Income page 2

Fill	in this informati	ion to identify yo	our case:			l				
Deb	tor 1	Adalaide The	omas			Cł	neck	if this is:		
								n amended filing		
	ouse, if filing)								ving postpetition chapte the following date:	r
Linit	ad States Bankru	untay Court for the	· EASTE	RN DISTRICT OF NEW	VORK		N/I	M / DD / YYYY		
Unit	ed States Bankru	ipicy Court for the	. EASTE	KN DISTRICT OF NEW	TORK		IVI	WI/DD/TTTT		
!	e number nown)									
O	fficial Fo	rm 106J								
		J: Your								2/15
info	ormation. If mo		eded, atta	If two married people ch another sheet to thi n.						
		be Your House	hold							
1.	Is this a joint									
	■ No. Go to		in a conar	ate household?						
	□ res. <b>Does</b>		iii a sepai	ate nousenoiu:						
			st file Offici	al Form 106J-2, <i>Expens</i>	es for Separate House	ehold of D	ebtor	2.		
2.	Do you have	dependents?	■ No							
	Do not list De Debtor 2.	•	□ Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto			Dependent's age	Does dependent live with you?	
	Do not state t	he							□ No	
	dependents n	names.							Yes	
									□ No □ Yes	
									□ res	
									☐ Yes	
									□ No	
									☐ Yes	
3.	expenses of	enses include people other t your depende	han 👝	No Yes						
Est exp	imate your ex		our bankrı	y Expenses uptcy filing date unless y is filed. If this is a su						
Inc	lude expenses	paid for with i	non-cash	government assistance luded it on Schedule I	e if you know					
	ficial Form 106		a		Tour moome	- 1	_	Your expe	enses	
4.		r home owners d any rent for the		ses for your residence r lot.	Include first mortgag		\$		2,350.00	
	If not include	ed in line 4:								
	4a. Real es	state taxes				4a.	\$		0.00	
		ty, homeowner's	s, or renter	's insurance		4b.	٠.		0.00	
			•	ipkeep expenses		4c.			10.00	
5.		wner's associat			nomo oquity leens	4d.	\$		0.00	
J.	Auditional III	ıvı iyay <del>e</del> payille	ento for yo	<b>our residence</b> , such as h	iome equity loans	ວ.	φ		0.00	

Debtor 1	Adalaide	Thomas	Case num	Case number (if known)				
6. <b>Util</b>	ities:							
6a.		heat, natural gas	6a.	\$	300.00			
6b.		wer, garbage collection	6b.	· -	0.00			
6c.		e, cell phone, Internet, satellite, and cable services	6c.	·	250.00			
6d.	Other. Spe		6d.	\$	0.00			
		ekeeping supplies	7.	*	900.00			
		children's education costs	8.	\$	0.00			
		ry, and dry cleaning	9.		20.00			
	•	products and services	10.		50.00			
	•	ntal expenses	11.	·				
		Include gas, maintenance, bus or train fare.	11.	Ψ	100.00			
	not include ca		12.	\$	75.00			
		clubs, recreation, newspapers, magazines, and bo		·	150.00			
		ributions and religious donations	14.	·	10.00			
	urance.	indutions and rengious donations	14.	Ψ	10.00			
-		surance deducted from your pay or included in lines 4	or 20					
	. Life insura	, , ,	15a.	\$	0.00			
15b	. Health ins	urance	15b.	\$	156.00			
	. Vehicle in		15c.	·	135.00			
		rance. Specify:	15d.	·	0.00			
		clude taxes deducted from your pay or included in line		Ψ	0.00			
	ecify:	cidde taxes deducted from your pay or incidded in line	16.	\$	0.00			
		ease payments:		Ψ	0.00			
		ents for Vehicle 1	17a.	\$	0.00			
		ents for Vehicle 2	17b.	*	0.00			
	. Other. Spe		17c.	·	0.00			
	l. Other. Spe		17c. 17d.	·	0.00			
	•	of alimony, maintenance, and support that you did		Ψ	0.00			
		your pay on line 5, Schedule I, Your Income (Offici		\$	0.00			
9. <b>Oth</b>	er payments	s you make to support others who do not live with	ai i 0:::: 100://	\$	50.00			
	cify: grand		19.	<b>'</b>	00.00			
		erty expenses not included in lines 4 or 5 of this fo		our Income				
		s on other property	20a.		0.00			
	. Real estat		20b.		0.00			
		nomeowner's, or renter's insurance	20c.	· ·	0.00			
			20d. 20d.	·				
		nce, repair, and upkeep expenses		·	0.00			
		er's association or condominium dues	20e.	•	0.00			
1. <b>O</b> th	er: Specify:		21.	+\$	0.00			
2. Cal	culate vour i	monthly expenses						
	. Add lines 4	•		\$	4,556.00			
		2 (monthly expenses for Debtor 2), if any, from Official	Form 106.J-2	\$	-1,000.00			
	. ,	, , , , , , , , , , , , , , , , , , , ,	. 5.111 1000 2	•	4 550 00			
22C	. Auu iine 22a	a and 22b. The result is your monthly expenses.		\$	4,556.00			
3. <b>Cal</b>	culate your	monthly net income.		L				
	•	12 (your combined monthly income) from Schedule I.	23a.	\$	3,670.00			
		monthly expenses from line 22c above.	23b.	*	4,556.00			
~	1.7 7 2 4.1	, . ,	200.	·	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
23c	. Subtract v	our monthly expenses from your monthly income.						
		is your monthly net income.	23c.	\$	-886.00			
		•						
		an increase or decrease in your expenses within the						
		ou expect to finish paying for your car loan within the year or d	o you expect your mortgage	payment to increase of	or decrease because of a			
_		terms of your mortgage?						
1	No.							
	Yes.	Explain here:						

Fill in th	nis information to identify you	r case:			
Debtor 1	Adalaide Thoma	is			
<b>D</b> 14 6	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if,		Middle Name	Last Name		
United S	States Bankruptcy Court for the:	EASTERN DISTRICT C	F NEW YORK		
Case nu	ımber				
(if known)					☐ Check if this is an amended filing
	al Form 106Dec				
Decl	laration About	an Individual	Debtor's Sch	edules	12/15
Dic	Sign Below	neone who is NOT an attor	rney to help you fill out bank	cruptcy forms?	
	No				
	Yes. Name of person				Petition Preparer's Notice, ignature (Official Form 119)
	der penalty of perjury, I declar t they are true and correct.	e that I have read the sum	mary and schedules filed w	ith this declaration and	
X	/s/ Adalaide Thomas		X		
-	Adalaide Thomas Signature of Debtor 1		Signature of Deb	otor 2	
	Date March 1, 2019		Date		
	<u> </u>				

Official Form 106Dec

Fil	l in this inforn	nation to identify you	ır case:			
	btor 1	Adalaide Thoma				
		First Name	Middle Name	Last Name		
	ebtor 2 ouse if, filing)	First Name	Middle Name	Last Name		
		nkruptcy Court for the:	EASTERN DISTRICT OF	NEW YORK		
1	nse number					Check if this is an amended filing
St	as complete a	of Financial	Affairs for Individualist in the state of th	are filing together, both are	equally responsible for su	
		n). Answer every que	, attach a separate sheet to stion.	this form. On the top of an	y additional pages, write yo	our name and case
Pa	rt 1: Give D	etails About Your M	arital Status and Where You	Lived Before		
1.	What is you	r current marital state	us?			
	☐ Married					
	■ Not mar	ried				
2.	During the la	ast 3 years, have you	lived anywhere other than	where you live now?		
	■ No					
	_	t all of the places you	lived in the last 3 years. Do no	ot include where you live nov	٧.	
	Debtor 1 Pr	ior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ac	ddress:	Dates Debtor 2 lived there
<b>3.</b> stat			ver live with a spouse or legalifornia, Idaho, Louisiana, Ne			
	■ No □ Yes. Ma	ske sure you fill out Sc	hedule H: Your Codebtors (O	fficial Form 106H).		
Pa	rt 2 Explai	n the Sources of You	ur Income			
4.	Fill in the tota If you are filin	al amount of income yo	mployment or from operating the received from all jobs and a have income that you receive	all businesses, including part	-time activities.	endar years?
			Dalitan 4		Daktano	
			Debtor 1 Sources of income	Gross income	Debtor 2 Sources of income	Gross income
			Check all that apply.	(before deductions and exclusions)	Check all that apply.	(before deductions and exclusions)
			☐ Wages, commissions, bonuses, tips	\$0.00	☐ Wages, commissions, bonuses, tips	
			☐ Operating a business		☐ Operating a business	
	r the calendar anuary 1 to De	year: ecember 31, 2016 )	☐ Wages, commissions, bonuses, tips	\$0.00	☐ Wages, commissions, bonuses, tips	
			☐ Operating a business		☐ Operating a business	
Offic	cial Form 107		Statement of Financial Aff	airs for Individuals Filing for B	ankruptcy	page 1

De	btor 1 Adalaide Thom	nas		Cas	e number (if known)		
		Debtor 1			Debtor 2		
			I that apply.	Gross income (before deductions and exclusions)	Sources of inco		Gross income (before deductions and exclusions)
	r the calendar year: anuary 1 to December 31	☐ Wage , <b>2015 )</b> bonuses	es, commissions, , tips	\$0.00	☐ Wages, commonute bonuses, tips	missions,	
		☐ Opera	ating a business		☐ Operating a b	ousiness	
5.	Include income regardles and other public benefit p winnings. If you are filing	es of whether that incompayments; pensions; a joint case and you	ome is taxable. Examprental income; interest have income that you	revious calendar years? ples of other income are a ;; dividends; money collectoreceived together, list it of the control of the collectore to the collectore	alimony; child suppo eted from lawsuits; r only once under De	royalties; and btor 1.	
	☐ Yes. Fill in the detai	ls.					
		Debtor 1 Sources Describe	below.	Gross income from each source (before deductions and exclusions)	Debtor 2 Sources of inco Describe below.		Gross income (before deductions and exclusions)
	individual prir During the 90 ☐ No. 0 ☐ Yes L p	narily for a personal, days before you filed to to line 7. dist below each credit haid that creditor. Do not include payments	family, or household p d for bankruptcy, did y or to whom you paid a not include payments to an attorney for this	ou pay any creditor a total total of \$6,425* or more for domestic support oblig bankruptcy case.	Il of \$6,425* or mor in one or more pay gations, such as chi	e? ments and the	e total amount you
	Yes. Debtor 1 or I	Debtor 2 or both have	ve primarily consume	fter that for cases filed on er debts.  ou pay any creditor a tota		adjustment.	
	☐ Yes L		domestic support oblig	total of \$600 or more and ations, such as child sup			
	Creditor's Name and A	ddress	Dates of payment	Total amount paid	Amount you still owe	Was this pa	yment for
7.	of which you are an office	itives; any general pa er, director, person in	ortners; relatives of any control, or owner of 2	ayment on a debt you o y general partners; partne 0% or more of their voting le payments for domestic	erships of which you g securities; and an	ı are a genera y managing a	al partner; corporations gent, including one for
	■ No □ Yes. List all paymer	nte to an incidor					
	Insider's Name and Ad		Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment

Official Form 107

Del	otor 1 Adalaide Thomas		Cas	e number (if known)		
8.	Within 1 year before you filed for bankruptinsider? Include payments on debts guaranteed or continuous payments.		yments or transfer a	iny property on a	account of a d	ebt that benefited an
	■ No □ Yes. List all payments to an insider					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for Include cred	this payment itor's name
Par	t 4: Identify Legal Actions, Repossessio	ns, and Foreclosures				
9.	Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes.					
	<ul><li>□ No</li><li>■ Yes. Fill in the details.</li></ul>					
	Case title Case number	Nature of the case	Court or agency		Status of th	e case
	Nationstar Mortgage LLC d/b/a Mr. Cooper	Foreclosure	Supreme Court	t Nassau	☐ Pending	
	v. Adalaide Thomas, et al.		100 Supreme C Mineola, NY 11		On appeal Concluded	
	603987/2018				foreclosur	e action
	<ul><li>No. Go to line 11.</li><li>Yes. Fill in the information below.</li></ul>					
	Creditor Name and Address	Describe the Property  Explain what happene	d	Date		Value of the property
11.	Within 90 days before you filed for bankru accounts or refuse to make a payment bed No Yes. Fill in the details.		cluding a bank or fir	nancial institution	n, set off any a	mounts from your
	Creditor Name and Address	Describe the action the	e creditor took	Date taker	action was	Amount
12.	Within 1 year before you filed for bankrup court-appointed receiver, a custodian, or a  No Yes		erty in the possessi	ion of an assigne	ee for the bene	efit of creditors, a
Par	t 5: List Certain Gifts and Contributions					
13.	Within 2 years before you filed for bankru	ptcy, did you give any gift	s with a total value	of more than \$60	00 per person	?
	<ul><li>No</li><li>Yes. Fill in the details for each gift.</li></ul>					
	Gifts with a total value of more than \$600 per person	Describe the gifts		Date the g	s you gave jifts	Value
	Person to Whom You Gave the Gift and Address:					

Det	Adalaide Thomas			ase number (	if known)						
14.	Within 2 years before you filed for bank ■ No	ruptcy, c	lid you give any gifts or contributions	s with a total	value of more than	\$600 to any charity?					
	Yes. Fill in the details for each gift or contribution.										
	Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Coo	total	Describe what you contributed		Dates you contributed	Value					
Par	t 6: List Certain Losses										
15.	Within 1 year before you filed for bankru or gambling?	uptcy or	since you filed for bankruptcy, did yo	ou lose anytl	ning because of the	ft, fire, other disaster,					
	■ No □ Yes. Fill in the details.										
	Describe the property you lost and	Descri	be any insurance coverage for the lo	SS	Date of your	Value of property					
	how the loss occurred		the amount that insurance has paid. Lince claims on line 33 of Schedule A/B: F		loss	lost					
Par	t 7: List Certain Payments or Transfer			.,,							
	<ul> <li>consulted about seeking bankruptcy or Include any attorneys, bankruptcy petition</li> <li>No</li> <li>Yes. Fill in the details.</li> </ul>			rices required	in your bankruptcy.						
	Person Who Was Paid Address Email or website address	Vall	Description and value of any prope transferred	erty	Date payment or transfer was made	Amount of payment					
	Person Who Made the Payment, if Not Attorney	Tou				\$0.00					
	Credit Counseling Service					\$0.00					
17.	Within 1 year before you filed for bankrupromised to help you deal with your cred Do not include any payment or transfer that No	ditors o	r to make payments to your creditors		r transfer any prope	erty to anyone who					
	Yes. Fill in the details.										
	Person Who Was Paid Address		Description and value of any prope transferred	erty	Date payment or transfer was made	Amount of payment					
	Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?  Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.										
	Yes. Fill in the details.										
	Person Who Received Transfer Address		Description and value of property transferred		ny property or received or debts	Date transfer was made					
	Porson's relationship to you			paid iii GA	ango						

Deb	otor 1	Adalaide Thomas			Case nun	nber (if known)		
19.	benef	n 10 years before you filed for bankrup riciary? (These are often called asset-pro No Yes. Fill in the details.		ny property to	a self-settle	ed trust or similar device	e of which you a	are a
	Nam	e of trust	Description and	value of the p	roperty tran	sferred	Date Transfemade	er was
Par	t 8:	List of Certain Financial Accounts, In	struments, Safe Depos	it Boxes, and	Storage Uni	its		
20.	sold, Include house	n 1 year before you filed for bankrupto moved, or transferred? de checking, savings, money market, o es, pension funds, cooperatives, asso No Yes. Fill in the details. e of Financial Institution and	or other financial accou	ınts; certificat	es of depos ons.	•		erage
	Addı Code)	'ESS (Number, Street, City, State and ZIP	account number	• • • • • • • • • • • • • • • • • • • •		closed, sold, moved, or transferred		sing o ransfe
21.	cash,	ou now have, or did you have within 1 or other valuables? No Yes. Fill in the details.	year before you filed fo	or bankruptcy,	any safe de	posit box or other depo	ository for secur	ities,
		e of Financial Institution 'ess (Number, Street, City, State and ZIP Code)	Who else had ac Address (Number, State and ZIP Code)		Describe	the contents	Do you st have it?	iII
22.	<b>=</b> 1	you stored property in a storage unit only one of the storage unit	or place other than you	r home within	1 year befo	re you filed for bankrup	otcy?	
		e of Storage Facility ress (Number, Street, City, State and ZIP Code)	Who else has or to it? Address (Number, State and ZIP Code)	nber, Street, City,		the contents	Do you st have it?	ill
Par	t 9:	Identify Property You Hold or Control	I for Someone Else					
23.	for so	ou hold or control any property that so omeone. No	omeone else owns? Inc	lude any prop	erty you bor	rrowed from, are storing	g for, or hold in	trust
	Own	Yes. Fill in the details. er's Name ess (Number, Street, City, State and ZIP Code)	Where is the pro (Number, Street, City, Code)		Describe	the property		Value
Par	t 10:	Give Details About Environmental Inf	formation					
For	the pu	rpose of Part 10, the following definiti	ions apply:					

- Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

Case number (if known)

24.	4. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?					ntal law?
		No				
		Yes. Fill in the details.				
		me of site dress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	d	Environmental law, if you know it	Date of notice
25.	Hav	e you notified any governmental unit o	f any release of hazardous material?			
		No Yes. Fill in the details.				
		me of site dress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	d	Environmental law, if you know it	Date of notice
26.	Hav	e you been a party in any judicial or ad	ministrative proceeding under any envi	roni	mental law? Include settlements a	nd orders.
		No Yes. Fill in the details.				
		se Title se Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Na	ture of the case	Status of the case
Par	t 11:	Give Details About Your Business or	Connections to Any Business			
27.	With	nin 4 years before you filed for bankrup	otcy, did you own a business or have an	y of	the following connections to any	business?
		☐ A sole proprietor or self-employed	in a trade, profession, or other activity,	eith	ner full-time or part-time	
		☐ A member of a limited liability com	pany (LLC) or limited liability partnersh	l) ai	LP)	
		☐ A partner in a partnership			,	
			vocutive of a corporation			
		☐ An officer, director, or managing ex	•			
		An owner of at least 5% of the votil	ng or equity securities of a corporation			
		No. None of the above applies. Go to	Part 12.			
		Yes. Check all that apply above and fi	ll in the details below for each business	S.		
	Ad	siness Name dress	Describe the nature of the business		Employer Identification number Do not include Social Security r	
	(IVIII	nber, Street, City, State and ZIP Code)	Name of accountant or bookkeeper		Dates business existed	
28.		nin 2 years before you filed for bankrup itutions, creditors, or other parties.	otcy, did you give a financial statement t	to aı	nyone about your business? Inclu	de all financial
		No Yes. Fill in the details below.				
	Naı	ne	Date Issued			
		dress				

Debtor 1 Adalaide Thomas

Debtor 1 Adalaide Thomas		Case number (if known)		
Part 12: Sign Below				
are true and correct. I un	nderstand that making a false statement, conc can result in fines up to \$250,000, or imprison	attachments, and I declare under penalty of perjury that the answers ealing property, or obtaining money or property by fraud in connection nent for up to 20 years, or both.		
/s/ Adalaide Thomas				
Adalaide Thomas Signature of Debtor 1	Signature of	Debtor 2		
Date March 1, 2019	Date			
Did you attach additiona	al pages to Your Statement of Financial Affairs	for Individuals Filing for Bankruptcy (Official Form 107)?		
■ No				
☐ Yes				
Did you pay or agree to	pay someone who is not an attorney to help yo	ou fill out bankruptcy forms?		
■ No				
☐ Ves Name of Person	Attach the Rankruntcy Petition Prenarer's	Notice Declaration and Signature (Official Form 119)		

Fill in this inform	nation to identify your c	ase:				
Debtor 1	Adalaide Thomas					
	First Name	Middle Name		Last Name	_	
Debtor 2 (Spouse if, filing)	First Name	Middle Name		Last Name	_	
United States Ban	nkruptcy Court for the:	EASTERN DISTR	ICT OF NEV	V YORK		
					_	
Case number (if known)						☐ Check if this is an amended filing
	t of Intention			Filing Under Cha	pter 7	7 12/15
	idual filing under char claims secured by you	. •	l out this for	m if:		
you have lease You must file this	ed personal property and form with the court with t	nd the lease has no thin 30 days after	you file you	r bankruptcy petition or by the d luse. You must also send copies		
	ople are filing together d date the form.	in a joint case, bo	th are equal	ly responsible for supplying cor	rect inform	ation. Both debtors must
	nd accurate as possibl ur name and case num		needed, att	ach a separate sheet to this form	n. On the to	op of any additional pages,
Part 1: List Yo	ur Creditors Who Have	Secured Claims				
1 For any credito	ers that you listed in Pa	rt 1 of Schedule D	· Creditors \	Who Have Claims Secured by Pro	operty (Off	icial Form 106D), fill in the
information bel				ou intend to do with the propert		Did you claim the property as exempt on Schedule C?
Creditor's Mi	r. Cooper		Curron	der the property.		□ No
name:				the property and redeem it.		_ 110
Description of	39 Claurome Place	Francet NV	☐ Retain	the property and enter into a		Yes
property	11520 Nassau Cou	inty		rmation Agreement. the property and [explain]:		
securing debt:	Debtors' residence					
Part 2: List Yo	ur Unexpired Personal	Property Leases				
For any unexpired in the information	d personal property lean below. Do not list rea	se that you listed lestate leases. Un	expired leas	G: Executory Contracts and Universe are leases that are still in effe loes not assume it. 11 U.S.C. § 30	ect; the lea	
Describe your ur	nexpired personal prop	erty leases			Will	the lease be assumed?
					_	
Lessor's name: Description of leas	sed					No
Property:						Yes
Lessor's name:						No
Description of lease Property:	sed					Yes
Lessor's name:						No
Official Form 108		Statement of In	tention for I	ndividuals Filing Under Chapter	7	page 1

Deb	otor 1	Adalaide Thomas	Case number (if know	vn)
	scriptior perty:	n of leased		☐ Yes
Les	sor's na	ame:		□ No
		n of leased		
Pro	perty:			☐ Yes
	sor's na			□ No
	perty:	n of leased		☐ Yes
	sor's na			□ No
	scriptior perty:	n of leased		☐ Yes
Les	sor's na	ame:		□ No
		n of leased		
Pro	perty:			☐ Yes
Par	t 3:	Sign Below		
		alty of perjury, I declare that I have indicat at is subject to an unexpired lease.	red my intention about any property of my estate that s	secures a debt and any personal
X	/s/ A	dalaide Thomas	X	
		aide Thomas	Signature of Debtor 2	
	Signa	ture of Debtor 1		
	Date	March 1, 2019	Date	

Fill in t	his information to identify your case:				only as d	irected in this form and	in Form
Debtor	Adalaide Thomas			2A-1Supp:			
Debtor (Spouse,				■ 1. There is	s no pres	umption of abuse	
United	States Bankruptcy Court for the:	New York		applies	will be m	o determine if a presurnade under <i>Chapter 7</i>	
Case r	number )			☐ 3. The Me	ans Test	icial Form 122A-2).  does not apply now be	
						service but it could ap	ріу іасег.
∩ffic	cial Form 122A - 1			□ Check ii	uns is a	n amended filing	
	<del></del>	root Mai	athly lpa	omo			
Cna	pter 7 Statement of Your Cur	rent wor	ithly inc	ome			12/15
attach a case nu	omplete and accurate as possible. If two married people as separate sheet to this form. Include the line number to with which was separate sheet to this form. Include the line number to with which was separate sheet to this form. Include the line number to with which was separate sheet to the sheet sheet sheet with which was separate sheet with the sheet sheet was sheet with the sheet was sheet with	hich the additior m a presumption	nal information a of abuse becau	applies. On the	e top of an	ny additional pages, writ narily consumer debts o	te your name and or because of
1. <b>W</b>	/hat is your marital and filing status? Check one on	nly.					
	Not married. Fill out Column A, lines 2-11.						
	I Married and your spouse is filing with you. Fill ou	ut both Columns	A and B, lines	2-11.			
	Married and your spouse is NOT filing with you.	You and your s	spouse are:				
	☐ Living in the same household and are not lega	illy separated.	Fill out both Co	lumns A and	B, lines 2	2-11.	
	☐ Living separately or are legally separated. Fill of penalty of perjury that you and your spouse are left living apart for reasons that do not include evadir	egally separated	d under nonbar	kruptcy law t	hat applie	es or that you and your	
101( the 6	n the average monthly income that you received from all 10A). For example, if you are filing on September 15, the 6-m 6 months, add the income for all 6 months and divide the total uses own the same rental property, put the income from that p	onth period would by 6. Fill in the res	be March 1 throsult. Do not include	ugh August 31. de any income	If the amo	ount of your monthly incomore than once. For examp	ne varied during ble, if both
-				Column A Debtor 1		Column B Debtor 2 or non-filing spouse	
	our gross wages, salary, tips, bonuses, overtime, ayroll deductions).	and commission	ons (before all	\$	0.00	\$	
C	<b>limony and maintenance payments.</b> Do not include olumn B is filled in.		·	\$	0.00	\$	
<b>o</b> fr aı	Il amounts from any source which are regularly part you or your dependents, including child support. om an unmarried partner, members of your household roommates. Include regular contributions from a spled in. Do not include payments you listed on line 3.	Include regular d, your depende	contributions nts, parents,	\$	0.00	\$	
	et income from operating a business, profession,	or farm					
			otor 1				
G	ross receipts (before all deductions)	\$ 0.00					
	rdinary and necessary operating expenses	-\$ 0.00	Copy here ->	¢.	0.00	\$	
	et monthly income from a business, profession, or fari	m \$	Copy nere ->	Ф	0.00	Φ	
6. <b>N</b>	et income from rental and other real property	Deb	otor 1				
G	ross receipts (before all deductions)	\$ 0.00					
	ordinary and necessary operating expenses	-\$ 0.00					
i .	et monthly income from rental or other real property	\$ 0.00	Copy here ->	\$	0.00	\$	
7. lr	terest, dividends, and royalties			\$	0.00	\$	

Official Form 122A-1

Case number (if known)

						Column A Debtor 1		Column B Debtor 2 or non-filing s		
8	Unem	ployment compensation				\$	0.00	\$	pouse	
0.	Do not	t enter the amount if you con ocial Security Act. Instead, lis		t received was a ber	efit under	Ψ	0.00	Ψ		
		•		;	0.00					
	For	you_ your spouse	\$	· · · · · · · · · · · · · · · · · · ·						
9.		on or retirement income. D		nount received that v	vas a		0.00			
		t under the Social Security A				\$	0.00	\$		
10.	Do not receive	ne from all other sources not include any benefits received as a victim of a war crime stic terrorism. If necessary, lielow.	ed under the Social s , a crime against hu	Security Act or paymemanity, or internation	ents al or					
		•				\$	0.00	\$		
						\$	0.00	\$		
		Total amounts from separ	ate pages, if any.		+	\$	0.00	\$		
11.		late your total current mon column. Then add the total for			\$	0.00	+ \$		= \$	0.00
										urrent monthly
art	2.	Determine Whether the M	oons Tost Annlies (	e Vou					income	
arı	۷.	Determine whether the W	eans rest Applies	10 TOU						
12.	Calcul	late your current monthly i	ncome for the year	Follow these steps:						
	12a. C	Copy your total current month	nly income from line	11		Сору	/ line 11 h	nere=>	\$	0.00
	M	fultiply by 12 (the number of	months in a year)						<b>x</b> 1	
	12b. T	he result is your annual inco	me for this part of th	e form				12b.	\$	0.00
10	Calaul	late the medien femily inco	uma that annlina ta	Mari Follow these of						
13.	Calcul	late the median family inco	ome that applies to	you. Follow these st	eps: 1					
	Fill in t	he state in which you live.		NY	]					
	Fill in t	the number of people in you	household.	1						
	To find	the median family income for d a list of applicable median s form. This list may also be	income amounts, go	online using the link	specified	in the separa	ite instruc	13. tions	\$5	4,014.00
14.	How d	lo the lines compare?								
	14a.	Line 12b is less than Go to Part 3.	or equal to line 13. C	on the top of page 1,	check box	1, There is r	no presum	ption of abuse	9.	
	14b.	Line 12b is more than Go to Part 3 and fill or		of page 1, check box	2, The pre	esumption of	abuse is	determined by	Form 12.	2A-2.
art	3:	Sign Below								
	В	by signing here, I declare und	der penalty of perjury	that the information	on this sta	atement and	in any atta	achments is tru	ue and co	rrect.
							-			
	X	/s/ Adalaide Thomas Adalaide Thomas								
		Signature of Debtor 1								
	Date	March 1, 2019 MM / DD / YYYY								
	If	you checked line 14a, do N	OT fill out or file For	m 122A-2.						
		you checked line 14b, fill ou								

**Adalaide Thomas** 

Debtor 1

Debtor 1	Adalaide Thomas	Case number (if known)	

### **Current Monthly Income Details for the Debtor**

#### **Debtor Income Details:**

Income for the Period 09/01/2018 to 02/28/2019.

B2030 (Form 2030) (12/15)

### **United States Bankruptcy Court** Eastern District of New York

In re	Adalaide Thomas		Case No.		
		Debtor(s)	Chapter	7	
	DISCLOSURE OF COMPE	NSATION OF ATTOR	RNEY FOR D	EBTOR(S)	
C	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016 compensation paid to me within one year before the filinger rendered on behalf of the debtor(s) in contemplation	ng of the petition in bankruptcy,	or agreed to be paid	to me, for services re	
	For legal services, I have agreed to accept		\$	1,500.00	
	Prior to the filing of this statement I have received			1,500.00	
	Balance Due			0.00	
2. \$	<b>335.00</b> of the filing fee has been paid.				
3. Т	The source of the compensation paid to me was:				
	■ Debtor □ Other (specify):				
4. Т	Γhe source of compensation to be paid to me is:				
	■ Debtor □ Other (specify):				
5. l	■ I have not agreed to share the above-disclosed comp	pensation with any other person	unless they are mem	nbers and associates of	of my law firm.
I	☐ I have agreed to share the above-disclosed compens copy of the agreement, together with a list of the na				law firm. A
6. l	In return for the above-disclosed fee, I have agreed to re	ender legal service for all aspect	s of the bankruptcy	case, including:	
b c	a. Analysis of the debtor's financial situation, and rendo. Preparation and filing of any petition, schedules, state. Representation of the debtor at the meeting of credit d. [Other provisions as needed]	tement of affairs and plan which	may be required;	-	kruptcy;
7. E	By agreement with the debtor(s), the above-disclosed fe	ee does not include the following	service:		
		CERTIFICATION			
	certify that the foregoing is a complete statement of an ankruptcy proceeding.	ny agreement or arrangement for	payment to me for i	representation of the	debtor(s) in
M	larch 1, 2019	/s/ Rachel L. Kayl			
$D_{\epsilon}$	ate	Rachel L. Kaylie			
		Signature of Attorne <b>Law Offices of Ra</b>		.C.	
		1702 Avenue Z	,		
		Suite 205	25		
		Brooklyn, NY 112 718-615-9000 Fa			
		rachel@kaylielaw			
		Name of law firm	·		

## **United States Bankruptcy Court Eastern District of New York**

In re	Adalaide Thomas		Case No.	
		Debtor(s)	Chapter	7

#### **VERIFICATION OF CREDITOR MATRIX**

The above named debtor(s) or attorney for the debtor(s) hereby verify that the attached matrix (list of creditors) is true and correct to the best of their knowledge.

Suite 205

Brooklyn, NY 11235 718-615-9000 Fax: 718-228-5988

USBC-44 Rev. 9/17/98

Bank of America Attn: Bankruptcy NC4-105-02-77 Po Box 26012 Greensboro, NC 27410

Citimortgage Attn: Centralized Bankruptcy Po Box 9438 Gettsburg, MD 20898

Equifax Attn: Bankruptcy Dept. P.O. Box 740241 Atlanta, GA 30374

Experian
Attn: Bankruptcy Dept.
P.O. Box 2002
Allen, TX 75013

Internal Revenue Service Attn: Involvency 2970 Market Street Philadelphia, PA 19104

Mr. Cooper Attn: Bankruptcy 8950 Cypress Waters Blvd Coppell, TX 75019

NY State Dept. Finance WA Harriman Campus Albany, NY 12227-0001

Transunion Attn: Bankruptcy Dept. P.O. Box 1000 Crum Lynne, PA 19022

Visa Dept Store National Bank/Macy's Attn: Bankruptcy Po Box 8053 Mason, OH 45040

# UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF NEW YORK

# STATEMENT PURSUANT TO LOCAL BANKRUPTCY RULE 1073-2(b)

<b>DEBTOR(S):</b>	Adalaide Thomas	CASE NO.:.
	Local Bankruptcy Rule 1073-2(b), the debtor (or any other particles) Cases, to the petitioner's best knowledge, information and believes	
was pending at any spouses or ex-spous partnership and one have, or within 180	be deemed "Related Cases" for purposes of E.D.N.Y. LBR 10 time within eight years before the filing of the new petition, are ses; (iii) are affiliates, as defined in 11 U.S.C. § 101(2); (iv) are or more of its general partners; (vi) are partnerships which shadays of the commencement of either of the Related Cases had, estate under 11 U.S.C. § 541(a).]	and the debtors in such cases: (i) are the same; (ii) are general partners in the same partnership; (v) are a are one or more common general partners; or (vii)
NO RELATED	CASE IS PENDING OR HAS BEEN PENDING AT ANY TI	ME.
☐ THE FOLLOW	ING RELATED CASE(S) IS PENDING OR HAS BEEN PEN	DING:
1. CASE NO.:	JUDGE: DISTRICT/DIVISION:	
CASE STILL PENI	DING (Y/N): [If closed] Date of closing:_	
CURRENT STATI	US OF RELATED CASE:	
	(Discharged/awaiting disc	charge, confirmed, dismissed, etc.)
MANNER IN WH	ICH CASES ARE RELATED (Refer to NOTE above):	
	LISTED IN DEBTOR'S SCHEDULE "A" ("REAL PROPER' OF RELATED CASE:	TY") WHICH WAS ALSO LISTED IN
2. CASE NO.:	JUDGE: DISTRICT/DIVISION:	
CASE STILL PENI	DING (Y/N): [If closed] Date of closing:_	
CURRENT STATE	US OF RELATED CASE:(Discharged/awaiting disc	charge, confirmed, dismissed, etc.)
MANNER IN WH	ICH CASES ARE RELATED (Refer to NOTE above):	
	LISTED IN DEBTOR'S SCHEDULE "A" ("REAL PROPER' OF RELATED CASE:	TY") WHICH WAS ALSO LISTED IN
3. CASE NO.:	JUDGE: DISTRICT/DIVISION:	
CASE STILL PENI	DING (Y/N): [If closed] Date of closing:_	

DISCLOSURE OF RELATED CASES (cont'd)	
CURRENT STATUS OF RELATED CASE:	Discharged/awaiting discharge, confirmed, dismissed, etc.)
MANNER IN WHICH CASES ARE RELATED (Refer to	o NOTE above):
REAL PROPERTY LISTED IN DEBTOR'S SCHEDULE SCHEDULE "A" OF RELATED CASE:	E "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN
	s who have had prior cases dismissed within the preceding 180 days may not red to file a statement in support of his/her eligibility to file.
TO BE COMPLETED BY DEBTOR/PETITIONER'S AT	TORNEY, AS APPLICABLE:
I am admitted to practice in the Eastern District of New Y	ork (Y/N): <b>Y</b>
I certify under penalty of perjury that the within bankrupto as indicated elsewhere on this form.  /s/ Rachel L. Kaylie	cy case is not related to any case now pending or pending at any time, except
Rachel L. Kaylie 2683407 Signature of Debtor's Attorney Law Offices of Rachel L. Kaylie, P.C. 1702 Avenue Z	Signature of Pro Se Debtor/Petitioner
Suite 205 Brooklyn, NY 11235 718-615-9000 Fax:718-228-5988	Signature of Pro Se Joint Debtor/Petitioner
	Mailing Address of Debtor/Petitioner
	City, State, Zip Code
	Area Code and Telephone Number

Failure to fully and truthfully provide all information required by the E.D.N.Y. LBR 1073-2 Statement may subject the debtor or any other petitioner and their attorney to appropriate sanctions, including without limitation conversion, the appointment of a trustee or the dismissal of the case with prejudice.

<u>NOTE</u>: Any change in address must be reported to the Court immediately IN WRITING. Dismissal of your petition may otherwise result.

USBC-17 Rev.8/11/2009